2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # L05000069748

1. Entity Name
5727 COMPANY, LLC

Principal Place of Business	Mailing Address
6500 S.W. 14TH STREET MIAMI, FL 33144	6500 S.W. 14TH STREET MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE

02282007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-4357378
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LISANDRO MEDINA
6400 S.W. 14TH STREET
MIAMI, FL 33144

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MEDINA, LISANDRO
STREET ADDRESS	6500 S.W. 14TH STREET
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	MGR
NAME	MEDINA, GERSON
STREET ADDRESS	6500 S.W. 14TH STREET
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	MGR
NAME	MEDINA, ARIS
STREET ADDRESS	6500 S.W. 14TH STREET
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000702598
04/20/07-80105-011 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 3/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #